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(City/State/Zip/Phone #)

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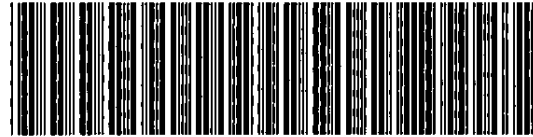
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 19 AM 11:14

FILED

BROWN ROBERT, LLP
ATTORNEYS AT LAW

CONNIS O. BROWN, III
ADMITTED FL., CA

SETH P. ROBERT
ADMITTED FL., NY, NJ

VANESSA M. CADY
ADMITTED FL.

OF COUNSEL:

VINCENT P. D'ANDREA
ADMITTED NY

RONI SCHNEIDER
ADMITTED FL., NY

May 16, 2014

Via U.S. Federal Express

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

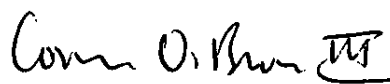
**Re: Articles of Organization For Florida Limited Liability Company
ANGELA JOVANNA, LLC**

Dear Sir/Madam:

Enclosed please find our firm's check #6220 in the amount of \$160.00, payable to Florida Department of State for the Articles of Organization of Angela Jovanna, LLC along with the corresponding form. Please forward the acknowledgment letter, Certificate of Status and Certified Copy to BROWN ROBERT, LLP, 150 N. Federal Hwy., Ste. #200, Fort Lauderdale, FL 33301.

Thank you for your courtesy and prompt attention to the above and should you have any questions or require any additional information, please do not hesitate to contact me at (954) 832-9400.

Very truly yours,
BROWN ROBERT, LLP


Connis O. Brown, III

COBIII/hmm
Enclosures

150 NORTH FEDERAL HIGHWAY, SECOND FLOOR, FORT LAUDERDALE, FLORIDA 33301
TELEPHONE (954) 832-9400 • FACSIMILE (954) 832-9430
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
WWW.BROWNROBERT.COM

NY OFFICE, SCARSDALE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANGELA JOVANNA, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connis O. Brown, III

Name of Person

Brown Robert, LLP

Firm/Company

150 N. Federal Highway, Suite #200

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

cbrown@brownrobert.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connis O. Brown, III

Name of Person

at (954)

Area Code

832-9400

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANGELA JOVANNA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1120 Eddystone Lane
Ponte Vedra, FL 32081

1120 Eddystone Lane
Ponte Vedra, FL 32081

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Connis O. Brown, III

Name

150 N. Federal Highway, Suite #200

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale,

FL

33301

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR / AMBR

AMBR / AMBR

Name and Address:

GEORGE A. Hill, II
1120 EDDYSTONE LANE
PONTE VEDRA, FL 32081

ANGELA J. Hill
1120 EDDYSTONE LANE
PONTE VEDRA, FL 32081

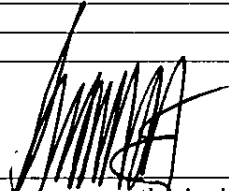
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

GEORGE A. Hill, II

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA